1		ORD. Every item of infor-	HYSICIANS should state	t statement of OCCUPA.	
1	FOR BINDING	S IS A PERMANENT REC	stated EXACTLY. P	properly classified. Exac	certificate.
	MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	fo. 1	-WRITE PLATRIX, WI	mation should be carefull	CAUSE OF DEATH in pl	TION is very important.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 19956
1. PLACE OF DEATH	GORPHATTICINETT (59)
County Halford	Registration Dist. No. 185
Village or City Halve de In	ZOL St., Ward
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in A.S. if of foreign birth?
2. FULL NAME	alexander
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (suprice the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) / SENT. 21-1932	I last saw her alive on 15 21, 1932; deeth is said
7. AGE Years Months Days If LESS than 1 day. 5 - hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Prematine Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	(Susoz)
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
13. NAME A Trace of Colorede	
13. NAME A COUNTY 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sootly of Attenua  16. BIRTHPLACE (city or town) Hayord Co  (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT DOTO they a Melandre (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMEDIAL Place Muchicle Date Seft 22, 1932	Manner of injury
19. UNDERTAKER Gennington Dorace (Address) & are defrace	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept: 22,132 Clarles J. Foley M.D. Registrar.	(Signed) (Address) Prod Standard M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	2001 E 1932	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	GBVISORE	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory c	auses of importance:	1
				1 year

TION is very important. See instructions on back of certificate.

B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09957
County Harbord	Registration Dist. No. / 8 /
Village or City Cherdeen	No. St Ward
Length of residence in city op town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Lavinia Ja Black	burn
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Chas O. Blackbonn	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) May 22-1853	I lest saw hex alive on Fifth 29 1932; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at #200 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEFER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Dete deceased last worked at this occupation (month and	unsh anemn
11. Total time (years) this occupetion (month and year) year)  Occupation	The Head
12. BIRTHPLACE (city or town) Philadelphia	Other Coatributory Causes of importance:
(State or country)  (State or country)  (State or country)	
E DE LILE.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jane Weightman	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) heladulyshion (State or country)	Accident, suicide, or homicide?
17. INFORMANT Charles & Harsing (Address) Catendary may	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place hunterefle ety Date CIV:, 19.2	Neture of injury
19. UNDERTAKER Henry James James	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 1 1977 Of Michael	If so, specify (Signed)  M. D.
Registrar.	(Address) Serry March McA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes s follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	A LA	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	100	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	1 200	3 days ago
			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Other contributory causes of importance:		Other contributory ca	nuses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYL	AND—CERTIFICATE	OF DEATH
----------------	-----------------	----------

1. PLACE OF DEATH	U9958
County Nactord WITMIN CORPOR	Registration Dist. No. 185
	NoSt.,Ward death occurred in a horpital or iostitutioo, give its NAME iostead of street and number)
	ds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Calvin St. Brown	UR.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widawed	21. DATE OF DEATH  Sept. 15  (Wonth) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Marthu Susan Gilson Bu	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Let. 17 1872	I last saw him alive on Sept. 15, 1982; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 1: 40 p -m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
R. Trade, profession, or particular kind of work done, as SPINNER, Caretaker SAWYER, BOOKKEEPER, etc.	Acute Delitation of Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL M. Magnadie  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this property).  13. Total time (spirits)	
10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Centribatery Causes of Importance:
(State or country) Maryland	Cardiac Falure
13. NAME Samuel Brawn	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	Name of operation
	Whet test confirmed diegnosis? Was thera an eulopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Mrs. Princilla Carasy (Address) 249 Luceu St Usek Ra.	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Yark, Date Sept. 15, 1902	Manner of injury
19. UNDERTAKER Dean & Foster (Address) Bel air nd.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Sept. 15, 1932 Charles J. Foly M.S.	(Signed) Charles J. Haluf M. D.  (Address) Shave de Grape M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

of OCCUPA.

Exact statement

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF, DEATH	(20)
County Harford STRIM CORPORATO	Registration Dist. No. 185
Village or City Skran Creek	NoSt., Ward
Length of residence in city or town, where death occurred / yrs Z mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME In Granielle	Carter
(a) Residence, No. Swan Creek	St. Ward.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 , 198 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
Or WIFE of Sarah Cligaleth Carter	1983 to 1983
6. DATE OF BIRTH (month, day, and year)	I last saw harmalive on 11/1 1927; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11-Am.
5 2 8 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Clearly of flustery
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	+ Tentothilis
10. Date deceased last worked at this occupation (month and spanning this )	
year)	Other Could have County in the
12. BIRTHPLACE (city or town).	Other Coutributory Causes of importance:
(State or country)	Jox Emin + th haush
13. NAME . D. Cartee	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an au'opsy? 4
15. MAIDEN NAME Cuma arter	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ma Jarah 6. arlee (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL Date Sept 10 3	Manner of injury
WMad: Juit	Nature of injury.
19. UNDERTAKER (Address) Have de Grace and	4. Was disease or injury In any way related to occupation of deceased?
20. FILED Sept. 2 , 1932 Charles & Dely Tr. D.	(Signed) Havn & Francisco M. D.
If more black and all Supplies	N. C. J. C. P. L.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

60	G	0	C	U	
V	V	J	U	U	

1. PLACE OF DEATH	123
County Harbord WITHIN CORPOR	Registration Dist. No. 185
Village or City Have de Proces	No Barrell Bran Bronseld St Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME iostead of street and number)  ds. How long in U.S. il of foreign birth?
2 N. M. D Pl +	1
2. FULL NAME Ifelliam D. Christy	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Colved Manuel 5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WHEE of Plan White Chief.	22 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Auch 95 1895	I last sawh and ive on Defet 1932, 1932, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at
3 L 11   1   1   1   1   1   1   1   1	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onest
kind of work done, as SPINNER, Day Jahren	alexcess
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this progration (work) and the companion of the progration of the program of the progra	
10. Date deceased last worked at this occupation (work) and year) 11. Total time (years) spent in this occupation /5 725.	
12. BIRTHPLACE (city or town) Aurord Cot	Other Contributory Causes ol importance:
(State or country)   Marchand	Toron
13. NAME Jacob Christia	- Juliana
14. BIRTHPLACE (city or town) Action Company	Name of operation Date of 7/1/32
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susie Warfield	23. II death was due to external causes (VIOLENCE) fill in also the lollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Edward W. Chlasty (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place House M. Z. Comet pate offst. 4 , 1922	Nature of injury
19. UNDERTAKER Stoney Janing Sons	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Sept. 9, 1932 Chas. J. Foley. M.S.	(Signed) harlen foley M. D.
Registrar.	(Address) Same of Search Ma
1) more planks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	in the state of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis V	3 days ago
		120 00	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis a s	1 year
		10	

1. PLACE OF DEATH

CORD. Every iten PHYSICIANS sh ict statement of	Length of residence in city or town where death occurred yrs mos  2. FULL NAME Hazel Cramwell  (a) Residence: No. Advincation Md	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	3. Sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waste tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
ERMANENEX A C T I classified.	5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended daceasad from 1932, to 1932
E y c	6. DATE OF BIRTH (month, day, and year) Mukerowa	I last saw her alive on step 1. 31, 19 32; death is said
IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Combral Fires
NFADING INK—T pplied. AGE should erms, so that it may instructions on back	10. Date dacased last worked at this occupation (month and yaar)	Othar Contributory Causes of Importanca:
UNFAI supplied. n terms, ee instru	(State or country)    13. NAME   Jenry Cronwell	
f U sur in to	(State or country)  14. BIRTHPLACE (city or town)  (State or country)  Md.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
PLAINLY, WITY hould be carefully OF DEATH in pla very important.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  Lingdon, Md.	23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
	18. BURIAL CREMATION, OR REMOVAL  Oracin weekly law Data 10/2,19.32	Manner of injury
B.—WRITE mation s CAUSE TION is	19. UNDERTAKER All Sue Communes (Address) During during	24. Was disaase or Injury In any way ralated to occupation of dacaased?

Registration Dist. No. 185

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  1915			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1 1	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 OCI 9 1994	July 5,1927	Peritonitis	3 days ago	
	BUREAU				
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

8

certificate.

back

instructions

See

important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arterioselerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
-----------------	-------	---------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	<del>90</del> 9990	3
County Harford	Registration Dist. No. 181	
Village or City Libertun	No	_Ward
1	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Minda Dusree		
(a) Residence: No.	St Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Dáy)  (Yé	eer)
(or) WIFE of Limon Dupres	22. I HEREBY CERTIFY, Thet I ettended deceese Aug. 12 1932, to Sept. 40 ,19	
6. DATE OF BIRTH (month, day, and year) Cing. 25-1879	I lest sew h R alive on Soft 4 1932; death	is seid
7. AGE Years Months Oeys If LESS than 1 dey,	to heve occurred on the dete stated above, at OSOP_m.	
53   Gramin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date decesed last worked et this occupation month and the spent in this occupation month and the spent in this	Hayerlamonon	
9. Industry or business in which	Carcamo of ulama	
work was done, es SILK MILL, SAW MILL, BANK, etc		
O TO. Date deceesed last worked, et this occupation month and yeer) 11. Total time (yeers) spent in this occupation occupation occupation		
12. BIRTHPLACE (city or town) Florence (State or country)	Other Contributory Canses of importance:	
13. NAME Made Patterson		
13. NAME Pade Satterson  14. BIRTHPLACE (city or town) Islands Caralina  (Stete or country)	Name of operationOate of	, No.
15. MAIOEN NAME Selevenie Cox.	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:	
15. MAIOEN NAME Selective Conf.  16. BIRTHPLACE (city or town) South Carolina  (State or country) South Carolina	Accident, suicide, or homicide?	)
17. INFORMANT Mr. Surina Dugsell. (Address)	(Specify city or town, coucty and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PIECE Main M. G. Cennety Deterlight 7, 193 C	Manner of injury	
19. UNDERTAKER Servey January January January (Address)	24. Was disease or injury in any way releted to occupation of deceased?	
20. FILED Sept 1 1932 All Melines Registrar.	(Signed) The Paya 1 Days (Address) Aleda mod	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

7	PLAIN
	WRITE
V. 5. 170. 1	B.—
	ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	84
County Nayford	Registration Dist. No. 185
Village or City Haffice - de - Grace (1)	No. Two skitch St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How look in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Multon Green. (a) Residence: No. Henrich Bran AFA	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CQLOR QR RACE 5. SINGLE_MARRIED, WIDOWED,	21. DATE OF DEATH
Male Colored OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fel. 14 1904	I last saw have alive on 1998; death is said
7. AGE Years   Months   Deys   If LESS than	to have occurred on the date stated above, at Loi 40 Pm.
28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular	Date of one et
SAWYER, BOOKKEEPER, etc.	Jun: That wound
work was done, as SILK MILL, SAW MILL, BANK, etc	The Burghal duy
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end spent in this	
year) occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	f. f.
(State or country) / Karyfalla	14monlage bluck
13. NAME Sydney Brew	
4. BIRTHPLACE (city or town)	Name of operation surpulation. Date of 7/2/ 12
(State of couliny)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SARAH	23. If death was due to external causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or couplry) Maryland.	Where did injury occur? Anna (Specify city or town, county and State)
17. INFORMANT Carre de Mira Hora fata	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Markey nell Date 499 , 1957	Nature of injury
19. UNDERTAKER Grunn of the Charles Hole of the Charles	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Lept. 7, 1932 Charles J. Fraly m.D. Registrat.	(Signed) Cracks of follows M. D.  (Address) Orange of the control
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DOT 5 WOO	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial neg	ohritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

7. PHYSICIANS should state Exact statement of OCCUPA

stated EXACTLY.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	PURATU LIMITS . (SI)
County Harford	Registration Dist. No. 185
Village or City Happe de Frace	ND. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsds.
Cengin of residence in city of town where death occurred yes	s
2. FULL NAME James Odye	
(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE On Divorceb (write the word)	21. DATE OF DEATH
Male Black Widwed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That attended deceased from
(or) WIFE of Gama-Hagerak	Jun 1932, 10 11/15 X 6, 193 L
6. DATE OF BIRTH (month, day, and year) March 6 - 1870	1 Jast saw h Ameliva on Def X 6 1932; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at le Lewin.
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormln.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Date of Orient
	- Calder Halder
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
= 10 10 Data deceased last worked at 11. Total time (years)	Alleras Carcumatorio
this occupation (month and spant in this occupation year) occupation	
12. BIRTHPLACE (city or town) Have de Grace	Other Coutributory Causes of importance:
(State or country) Maryland	(anchac Tallines
13. NAME John Haycock	( achiera
14. BIRTHPLACE (city or town) Have de Frace (State or country) Many and	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an auropsy?
15. MAIDEN NAME Raura Smith	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (eity or town) Port Deforest	Accident, suicide, or homicide? Date of injury, 19
15. MAIDEN NAME Raura and 15. MAIDEN NAME  16. BIRTHPLACE (eity er town)  (State or country)  The angle of the country of the	Whera did Injury occur? (Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Have de Frace  18. BURIAL CREMATION OR REMOVAL	
Place II James Count Data Seft 9, 193	Manner of Injury
	Natura of Injury
19. UNDERTAKER Occurrent of on (Addiess) Have the grace	24. Was disease or injury in any way-related to occupation of deceased?  If so, specify
8. + 0 20 that 0 40, 89	(Signed) tracks total M. D.
20. FILED Step 7, 193 Shalle J. Hay Registrar.	(Address) Lacer e gly Decedora
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 wcek ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastrocnteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

TION is very important. See instructions on back of certificate.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09966
1. PLACE OF DEATH	950
County Farford GITHIN BUREORATA LIMITS	Registration Dist, No. 185
Village or City Haure de Reace	No. 3/35 Treedom alley St., Ward
Length of residence In city or town where death occurred 57rs	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
	P )
2. FULL NAME Tusel Temor	
(a) Residence: No. 2/3 Tourstain (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
emale Black Pharried	Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	
(or) WIFE of Jehn Hemore	22.   HEREBY CERTIFY, That I attended deceased from
1 1m berry	19 22
6. DATE OF BIRTH (month, day, end year)  7. AGE Years   Months Days If LESS than	to have occurred on the date stated above, at 11 11 11 11 11 11 11 11 11 11 11 11 11
Of 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Undustry or business In which	lesse minman
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Ocalema!
10. Date deceased last worked at this occupation (month and LL-193- spant in this Selection	
year) Sept 17.3 Procupation The sept 17.3 Pr	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
	Carlline Tallines
13. NAME UNROWN	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME (Annie Stockheussen	What test confirmed diegnosis? Was there an autopsy?
my	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
malley 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A GARDINA CANADA	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of James Cem Date Lefst 1 1932	Nature of injury
19. UNDERTAKER P. Madison Mitchell	24. Was disease or injury in any way related to occupation of deceased?
(Address) Havre de Grace Md.	If so, specify
20, FILED Sept. 13 1932 Charles & Foley M.D.	(Signed) but folly, M. D.
Registrar.	(Ardress) / Gulaf an Ducke Mill

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STA 1. PLACE OF SEATH		YLAND-	CERTIFICATE OF DEATH 039	67
26 0			Parishestian Diet No. 186	
Villago or City	Sanidi Gr	Thun conyon,	Registration Dist. No. / So. St., St., death occurred in a hospital or iostitution, give its NAME instead of street and	Ward
Length of residence in city o	r town where death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsn	nosds.
2. FULL NAME	Komes 1	6 mbba	rd	
(a) Residence: No	703 Christs	StPhile	Ward.	
(a) Residence. His	(Usual place	of Abode)	If nonresident give city or town and	State
PERSONAL AND	STATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male 3. SEX 4. COLOR O		RIED, WIDOWED, (gorite the word)	21. DATE OF DEATH LEY 3rd (Month) (Day)	, 1983 ) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WtFE of	_		22.   HEREBY CERTIFY, That I attended	
aug 9	1893		t last saw h aliva on 19	
7. AGE Years	Months Days	If LESS than	to have occurred on the data stated above, atm.	,
39	- 24	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ 8. Trade, profession, or partic	ular (D)	l ormin.	were as follows:	Date of onset
kind of work dona, as s	SPINNER,	~	Struck outhor hoad free	-
9. Industry or business in wh			7, guder of The Dusgio brain	
kind of work dona, as SAWYER, BDOKKEEPER  9. Industry or business in who work was done, as SILM SAW MILL, BANK, etc  10. Date deceased last worked this pecuation (month.)			Bridge whole standing	1
O 10. Date deceased last worked this occupation (month)	at II. Total ti	me (years) It in this	us on a truck	
year)	0001	pation	Other Cantributory Causes of Importance:	
12. BIRTHPLACE (city or town)	bugina			
(State or country)		4		
13. NAME Made	son Hubba	rd		
13. NAME TO add			Name of operation Date of	
(State of country)	verginge	6	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME 7	ray Talk	v	23. If daath was dua to external causes (VID) ENCE) fill in also the followin	8; , 4
O 16. BIRTHPLACE (city or town)	2		Accident, suicido, or homicide? Accident Date of injury	Of 219 3%
∑ (State or country)	veryma		Where did injury occur?	aide
17. INFDRMANT Pullic (Address) 1703	Christa et	Phela.	(Specify city or towo, county and State Specify Chether Injury occurred in INDUSTRY, In HOME, or In PUBLIC Plants of the State of the S	
18 BURIAL, CREMATION, OR REM	effera Date Rep	F7 198	Manner of injury Strull Split	
19. UNDERTAKER Person (Address)	ungton Dor	md/	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify	1
20. FILED Sept. 7, 193	or Charles J Dr	ly M.D. Registrar.	(Signed) Joseph Hauburger (Co	rough,
	If more blanks are needed, a	dress State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	TS	BY	PHYSICIAN
---------------------------------------	----	----	-----------



N. B.

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	County Dalford	Registration Dist. No.
	Village or City Poudeen On d.	No. St., Ward
	Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? 6 7 yrs. mos. ds.
2	. FULL NAME Of assaset Patter Har	theirs
	(a) Residence: No. & Bel ais are	St., Ward.
andicular	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS  SEX	MEDICAL CERTIFICATE OF DEATH
_	Female De hite OR DIVORCED (write the word)	21. DATE OF DEATH  September First, 193 V. (Month) (Day) (Year)
58.	11. married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Galdwell Husbann	22. I HEREBY CERTIFY, That I attended deceased from  May 1928 to Sept 1 , 193 à
6.	DATE OF BIRTH (month, day, and year) Televaly 2, 1850	I last saw h. 21 alive on Sept 1 2 , 1930; death is said
7.	AGE Years Months Days Af LESS than Aday,hrs.	to have occurred on the date stated above, at 2 Pm.
	0 2 1 0 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dealstes Melites 1928
OCCUPATION	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Ö	1D. Date deceased last worked at this occupation (month and year) occupation	
	On the	Other Contributory Canses of importance:
IZ.	(State or country)	Mystorales
2	13. NAME Some 1 10 - H.	
FATHER	14 PURTURE CO.	
FA	14. BIRTHPLACE (city or town) (State or country) Country (Next of Country)	Name of operation Date of Topics of
IER	15. MAIDEN NAME Dasale Comphell Postew	What test confirmed diagnosis? And the was there an autopsy? AD.  23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
Σ	(State or country) Country Cerry, Oreland	Where did Injury occur?
17.	INFORMANT Margary 6. Left Liver	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURJAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Detail busy La Date 1991. 4 , 1922	Nature of Injury
19.	UNDERTAKER Serry Javing Stors (Address) Gherlan mid	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED Sefet 7 1932 OC Michael	(Signed) M. D.

Registrar.

erry Milan

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. *4ARGIN RESERVED FOR BINDING* TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH /	CERTIFICATE OF DEATH 09969
County Hurford	Registration Dist. No. 183
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	ds. How long in U. S. if of foreign birth?yrsds
2. FULL NAME TOWN JAOUNES Y	Thurs
(a) Residence No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) MALL ORDIVORCED (write the word)	21. DATE OF DEATH 25 , 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Farmie B Jahren	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Cong 10 - 1871	I last saw halive on Octor > 0 19 3 c death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 10/0 -m.
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
SAWYER, BDDKKEEPER, etc. Farmer	contine ay conclute
kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occuration (month and	
O. Date deceased lest worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Horfad co md	Dther Contributory Canoes of importance:
(State or country)	
13. NAME Thomas Johnson  14. BIRTHPLACE (city or town) Horford Co mode	
(State or country)	Name of operation. Date of
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Boldwin ged	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Providence Date 14 2 3,193 L	Menner of Injury
19. UNDERTAKER Sylving Harles 1-6	24. Was disease or injury in any way related to occupation of deceased? 22
20. FILED Sept. 23 932 Thomas P. Brown Registrat.	(Signed) Carrell & Coffee of the Coffee of t

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

should state

1. PLACE OF SEATH County  AND	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09970
Village or City  Length of residence haiffor town where death occurred. / O yrsmos	1. PLACE OF MEATHY	191
Village or City  Length of residence haiffor town where death occurred. / O yrsmos	County / lawora	Registration Dist. No. 180
Length of residence in July or town where death occurred. It gives in a horpital or institution, give in NAME instead of three and number)  2. FULL NAME  (a) Residence: No.  (Usualpiace of shock)  (Various of the shock)  (Various of the shock)  (Various of		No. St Ward
2. FULL NAME  (a) Residence: No.  (b) Residence: No.  (c) Residence: No.  (c) Residence: No.  (d) Residenc	Length of residence in cities or town whose death occurred 100 Aves	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usasphace of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVOCAD Course the Mode Or DIVOCAD Course the Mod	y man 117 Pt.	all a
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR 9R RAGE OR DIVOSCED (wing the food) OR DIVOSCED (wing the f	(1.2. 1 44)	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR GR RACE  5. SINGLE, MARRIED, WIDOYED, OR DIVOSCED OWN Christ the knord  5. If married, widowed, or divorced on divorced on his body of the sound		
Sa. If married, widowed, or diverced HUSARDO (Paris Integral)  Sa. If married, widowed, or diverced HUSARDO (Carri) wife of Corri wife of Corr	PERSONAL AND STATISTICAL PARTICULARS	
So. If the profession of diversed thusands of the profession of the profession of particular the particular the particular the profession of particular the particular the particular the particular the pa	" SOUTH THE INTEL S. SINGLE, MARKIED, HIDOYED,	193 2
E. DATE OF BIRTH (month, day, and year)  8. Trace: Years Months  8. Trace: Post Months  10 Days  11 LESS then 1 day. In the State of the date stated ebove, at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5a. If married, widowed, or divorced	Month) (Day) (Year)
7. AGE  Vears  Months  Days  If LESS then 1 day, in. in. 3 or in. 3 or in. 5 or	(or) WIFE of Elizabeth a Litchfiels	22. ALL HEREBY CERTIFY that lattended deceased from
8. Trade profession, or particular for min.  8. Trade profession, or particular for min.  9. Adverse to dottone est SPINNER, SAWYER, Blood of the SPINNER, SAWYER, Blood of the est SPINNER, SAWYER, Blood of the SPINNER, SAWYER, Blood of the est SPINNER, SAWYER, Blood of the SPINNER, SAWYER,		I last saw h alive on lug 31 , 198 2; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, BOOK Revented State of Country SAWYER, BOOKEEPER, etc.  10. Date decessed last worked at this occupation from the hold of work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation from the hold occupation occupation occupation occupation.  12. BIRTHPLACE (city or town).  13. NAME Was falled by the fall of the fall occupation occupation occupation.  14. BIRTHPLACE (city or town).  15. MAIOEN NAME Was fall of the fall occupation.  16. BIRTHPLACE (city or fown).  17. INFORMANT.  18. BIRTHPLACE (city or fown).  18. BURNALC (State or country).  19. UNDERTAKER According to the fall of the fall occupation of decessed?  19. UNDERTAKER According to the fall of the fall occupation of decessed?  19. UNDERTAKER According to the fall occupation of decessed?  19. UNDERTAKER According to the fall occupation of decessed?  19. UNDERTAKER According to the fall occupation of decessed?  19. UNDERTAKER According to the fall occupation of decessed?  19. UNDERTAKER According to the fall occupation of decessed?  19. UNDERTAKER According to the fall occupation of decessed?  20. FILED Suppl. 22. 19.3.2. Through the fall occupation of decessed?  20. FILED Suppl. 22. 19.3.2. Through the fall occupation of decessed?  20. FILED Suppl. 22. 19.3.2. Through the fall occupation of decessed?  21. Occupation through the fall occupation of decessed?  22. FILED Suppl. 22. 19.3.2. Through the fall occupation of decessed?  23. If death was due to external causes (VIOLENCE) fill in also the following:  24. Was disease or injury fin any way related Goccupation of decessed?  25. FILED Suppl. 22. 19.3.2. Through the fall occupation of decessed?  26. FILED Suppl. 22. 19.3.2. Through the fall occupation of decessed?  27. FILED Suppl. 22. 19.3.2. Through the fall occupation occupation occupation occupation.  28. Suppl. 22. 19. 3.2. Through the fall occupation occupation occupation.  29. FILED Suppl. 22. 19.3.2. Through the fall occupation occupation.		
A radie proposition of particular solutions of the season of particular solutions of the season of particular solutions of the season of the s	ormin.	were as follows:
12. BIRTHPLACE (city or town)  Wary Land  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or grountry)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  19. 3 2 Jundallandal  (Signed)  10. The Contributory Causes of importence:  14. BIRTHPLACE (city or town)  What test confirmed diegnosis?  Westhere en autopsy?  20. FILED Sept. 22., 19. 3 2 Jundallandal  (Signed)  Other Contributory Causes of importence:  14. BIRTHPLACE (city or town)  What test confirmed diegnosis?  West there en autopsy?  22. BIRTHPLACE (city or town)  What test confirmed diegnosis?  West there en autopsy?  24. Was disease or injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Address)  Anno of Operation  What test confirmed diegnosis?  West there en autopsy?  24. Was disease or injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Address)  Anno of Operation  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Address)	8. Trade, profession, or particular kind of work done, es SPINNER, Reserved	Date of onest
12. BIRTHPLACE (city or town)  Wary Land  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or grountry)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  19. 3 2 Jundallandal  (Signed)  10. The Contributory Causes of importence:  14. BIRTHPLACE (city or town)  What test confirmed diegnosis?  Westhere en autopsy?  20. FILED Sept. 22., 19. 3 2 Jundallandal  (Signed)  Other Contributory Causes of importence:  14. BIRTHPLACE (city or town)  What test confirmed diegnosis?  West there en autopsy?  22. BIRTHPLACE (city or town)  What test confirmed diegnosis?  West there en autopsy?  24. Was disease or injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Address)  Anno of Operation  What test confirmed diegnosis?  West there en autopsy?  24. Was disease or injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Address)  Anno of Operation  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Address)	SAWYER, BOOKKEEPER, etc.	Mulandithan
12. BIRTHPLACE (city or town)  Wary Land  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or grountry)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  19. 3 2 Jundallandal  (Signed)  10. The Contributory Causes of importence:  14. BIRTHPLACE (city or town)  What test confirmed diegnosis?  Westhere en autopsy?  20. FILED Sept. 22., 19. 3 2 Jundallandal  (Signed)  Other Contributory Causes of importence:  14. BIRTHPLACE (city or town)  What test confirmed diegnosis?  West there en autopsy?  22. BIRTHPLACE (city or town)  What test confirmed diegnosis?  West there en autopsy?  24. Was disease or injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Address)  Anno of Operation  What test confirmed diegnosis?  West there en autopsy?  24. Was disease or injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Address)  Anno of Operation  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Address)	work wes done, as SILK MILL, SAW MILL, BANK, etc.	may reason formy ly
Other Contributory Causes of importence:  Other Contributory  Other Contri	Shell till fulls	
13. NAME   14. BIRTHPLACE (city or town)   14. BURY   15. MAIOEN NAME   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   Place		Other Contributory Causes of importence:
What test confirmed diegnosis? Wes there en autopsy? Note that the subject of the		Itto to hantating out
What test confirmed diegnosis? Wes there en autopsy? Note that the subject of the	13. NAME WW Citcherla	rical priming
What test confirmed diegnosis? Wes there en autopsy? Note that the subject of the	TA PIPTUPI ACE (eith or town) MAA	Name of a supplier
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State opcountry)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED  19. UNDERTAKER  (Address)  21. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Manner of injury  Neture of injury  19. UNDERTAKER  (Address)  20. FILED  10. Specify  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)	(State or country)	
Where did injury occur?  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Mountain Compate Sept 3, 19.3.  19. UNDERTAKER And All McCompate (Address)  20. FILED Sept 2, 19.32 Freed Mountain (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury Neture of injury  19. UNDERTAKER And All McCompation of decessed?  (Address)  (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Manner of injury  Neture of injury  (Signed)  (Signed)  (Signed)  (Signed)  (Address)	# 15. MAIDEN NAME LUNGER HOUSE	
Where did injury occur?  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Mountain Compate Sept 3, 19.3.  19. UNDERTAKER And All McCompate (Address)  20. FILED Sept 2, 19.32 Freed Mountain (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury Neture of injury  19. UNDERTAKER And All McCompation of decessed?  (Address)  (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Manner of injury  Neture of injury  (Signed)  (Signed)  (Signed)  (Signed)  (Address)	16 RIRTHPLACE (city or Journ) MALA A A A	
17. INFORMANT (Specify city or town, county and State)  18. BURIAL, CREMATION, OR REMOVAL Place Mountain Cemoate Seft 3, 19.3.  19. UNDERTAKER And Constant Melocome (Address)  20. FILED Sept 2, 19.32 Tredulforland (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Neture of injury  24. Was disease or injury in any way related Goccupation of decessed?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of injury occurred in INOUSTRY, in HOME, or in PU	State op country)	
18. BURIAL, CREMATION, OR REMOVAL  Place Mountain Cemoate Stefr 3, 19.3 Neture of injury  19. UNDERTAKER Howard Michael 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Howard Michael 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Howard Michael 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Howard Michael 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Howard Michael Michael 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Howard Michael Mic		(Specify city or town county and State)
Place Mountain Cem Oate Sept 3, 19.3 Neture of injury.  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER Several (Mclorna 24. Was disease or injury in any way related to occupation of decese		
19. UNDERTAKER I would (McCorne 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER I would (McCorne 24. Was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER I was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER I was disease or injury in any way related to occupation of decessed?  19. UNDERTAKER I was disease or injury in any way related to occupation of decessed?  (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Sig		Manner of injury
(Address) al science and If so, specify  20. FILED Sept 2, 19.32 Fred Morlok  Local Registrar.  (Address) (Signed) (Address) Edg Lword Wol. D.	0/ 1/00-06	Neture of injury
20. FILED Sept 2, 19.32 Fred Morlok (Signed) Wary Work O. D. (Address) Edg Ewro Wol. D.	19. UNDERTAKER L	. / / / /
local Registrar. (Address) Edy Ewry Wo	1 1 1 1 1 1 1 1	1/160 4/41 11 1/14
		2-1-17.12-0-19.10

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation. 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the diseasc or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19971) (19971)
County darfords, MITEIR CORPORE	Registration Dist. No. 185
Village or City Harre de Grace	No. Co affective St., Ward death occurred in a happital or institution, give its NAME instead of street and number)
Length of residence in city or town where daath occurredmos.	ds. How ong in U.S. If of foreign birth?yrsmosds.
2. FULL NAME/Nation M Cal	
(a) Residence: No. Javye (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed or divorced HUSBAND of Cor) WIFE of Call,	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Willewill.	I last saw h analive on 2011 30, 19 32; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	were as follows: Date of onset
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Carcinoma Stomach
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Lawrence (State or country)	Other Contributory Causes of importance:
13. NAME VIII PREPALL	lastdaraghth
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Stroling arthur	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Jolin Websten, (Address) Burkeley rud,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Consumation Control Co	Manner of injury
19. UNDERTAKER Semmington town (Address) Lune de erale, med	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify
20. FILED PET: 3 , 1932 Charles J. Toley In D.	(Signed) (Address December 1980) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TATEMENTS BY	PHYSICIAN
----------------------------------	--------------	-----------

PHYSICIANS

1 PLACE OF DEATH

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;Ward)	a hospital or institution,
	give its HAME Instead
	of atreat and number 7

M. Kennay

		A contract of the contract of
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jes Jes	anale While   6 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	11 11 , 65/12
	1863 ( grot / Known, 1853) (Month) (Day) , (Year)	that I last saw he alive on Refs. 1982
7 AG	In Hear & o the 1 day, hrs.	and that death occurred on the date stated above, atm. The CAUSE/OF DEATH * was as follows:
	yrsds, OR min.?	Solverice Helsalie
(1	Trade, profession, or Herical work	Circlesio
(b)	) General wature of industry iness, or establishment in	144
	ch employed (or employer)	(Ouration) With your de.
9 81	RTHPLACE (State or country)	Secondary Secondary
	10 NAME OF John Cunningham	(Signed) WHILE CONTROL OF M. O.
STN	11 BIRTHPLACE OF FATHER (State or country) Island	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether ACCIDENTAL.
PARENT	of MOTHER anne Curve Commence ham	SUICIDAL OF HOMICIDAL.  18 LENGTH OF REBIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  State or country)	OR RECENT RESIDENTS) At place is the of death
14 TF	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not all place of deeth ?
	(Informant) The Je Kelly	Former ar esual residence
	(Address) Boldwin Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	Sept 30 100 nE Richardson	20 UNDERTAKER ADDRESS
/	REGISTRAR	1 16. 4. Walker Forest-Heill Mid.

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired f yrs.). For persons who have no occupation whatever state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer." "Foreman," "Manager." "Desler." etc., without more precise specification as Day laborer. Farm laborer, Luborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to eian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. noss of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-The material worked on may form part At home. Care should be If retired from (b) Auto-(relired

rerm unqualified. is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar Typhond fever fever (the only definite synonym is "Epidemic ccrebro-CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE and causation), using always the same accepted for the same disease. Dumming (never Bronchopmeumonia report "Typhoid pneumonia"); Examples: ("Pneumonia, Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contrib Mory." and consequences (e. g., sepsis, lulanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, OF HOMICTHAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"PUERPERAL peritonitis," etc. birth or miscarriage as "Puerpenal septichaemia," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Ursemia," "Weakness, "Anaemia" (morely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstition rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping when a definite disease can be ascertained as the The contributory (secondary or intereur-Poisoned by carbolic acid-probably State cause for which FOR VIOLENT DEATHS Never (Recommendations "Atrophy," "Colreport mere punon ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaneutly filed.

V. S. No. 1

דאם	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly, classified. Exact state	1
IARGIN RESERVED FOR DINDING	S IS A PERMAN	stated EXAC	properly, classi	TION is very important. See instructions on back of certificate.
T V ED	THIS	ould be	may be	back of
TO PEDE	DING INK	. AGE she	so that it	ictions on l
IARREI	H UNFA	r supplied	in terms,	See instru
(	NLP, WIT	be carefully	ATH in pla	mportant.
	TE PLAI	l pluods n	SE OF DE	is very in
	-WRI	matio	CAUS	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	958
County Harford	Registration Dist. No. 186
Village or City I faire de Siace	No. St., Ward
Length of residence in city or town where geath occurred 8.1 yrs. 8 mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME William Edward	Moore
(a) Residence: No. 324 S. Washing tra	- St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Contact Color of Color	21. DATE OF DEATH  (Day)  (Year)
5a. If married, widowed or divorced HUSBAND of Mary Elinon Moore (or) WIFE of Mary Elinon Moore	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) DEC. 50 1856	I last saw hence elive on Sept 4 1952 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 306 m.
8/8/13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER, Returned	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Fisherman	Me in New you
O Para Miles, Britis, etc.	
10. Date deceased last worked at this occupation (month and Mar. 1922 spant in this 30 yrs occupation coupation	
11.110	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Varfalo (State or country)	Cross D. M. Mar
13. NAME WM S. Moore	or and summers
13. NAME WM S. Proore 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Wary Office	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT This Carrie M. M. Daw  (Address) 3245. Washing to St.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OP REMOVE Com. Date Sept 7 19 32	Manner of injury
19. UNDERTAKER P. Madison Mitchell	Nature of injury  24. Was disease or injury In any wey related to occupation of deceased?
(Address) Havre de Brase Mo.	If so, specify 4
20. FILED Paper 7, 1932 There & Soley M.D. Registrar.	(Signed) M. D.  (Address) Hangar Free 20
If more blanks are needed, address State Registrar, a	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OCT 5 1932			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should of of PHYSICIANS statement RECORD. Every Exact PERMANENT FOR BINDING classified. properly stated THIS MARGIN RESERVED should may AGE so that supplied. in plain terms,

V. S. No. 1

state infor-1. PLACE OF DEATH County Village or City Length of residence in city or lown where death occurred 2. FULL NAME (a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Days Months If LESS than 1 day,\_\_\_\_\_t or ..... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ jo Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. back instructions on 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town (State or country) mation should be carefully MOTHER TION is very important. 15. MAIDEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or town) -WRITE PLAINLY (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR 19. UNDERTAKER (Address) 20. FILED. Registrar. 09974

	Registratio	n Dist. No.	181	
NoNoNoNoNoNoNoNoNow long in U.S. if o				
uo				
St., Ward.				
MEDICAL C		ent give city o		State
21. DATE OF DEATH	1	a di b	EATH	
l	(Month)	(Day	<b>)</b>	, 193 (Year)
I last saw h. Malive on to have occurred on the date state	, 19 75, to 9	7 1 30 Pm.	., 19. 6	deceased from , 19
The PRINCIPAL CAUSE OF DEAT were as follows:	fH and related ca	uses of impor	tance	Date of enset
				Date of enset
Rhenn	ties	·····		
Other Contributory Causes of impo				
Name of operation			Date of	
What test confirmed diagnosis?		Was	s there an a	utapsy?
23. If death was due to external cau Accident, suicide, or homicide? Where did Injury occur? Specify whether injury occurred in	(Specify city	Date of Inju	ury	, 19
Manner of injury				
Nature of injury	7-0-4			
24. Was disease or injury in any w	ay related to occ	upation of dec	ceased?	// M. D.
(Address)	NY	9	ca	
r, 2411 N. Charles Street, Baltimore, Re	questing V. S. A	0. X.		

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

			Om 1 19373347334990	WANT.	WALKE OF A ST
ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ż

should state of OCCUPA.

County Narford	D
NOT BIDGE	Registration Dist. No. 180
Village or City Comp 2	NoSt., Ward
Length of residence in city or town where death occurred / yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
00 00 0	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Trover Clevela	ud ferry.
(a) Residence: No. Edgewood (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH
nale white or DIVORCED (write the word)	Sept 20 1932
If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
0. 10 - 1011	, 19, to, 19,
DATE OF BIRTH (month, day, and year) Opril 15, 1916	I last saw h aliva on , 19 ; death is said
AGE Years Months Days If LESS that	to have occurred on the date stated above, at 2
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.  9. Industry or business In which	automobile accident 9/20/3
work was dona, as SILK MILL, SAW MILL, BANK, atc	On Phila Road Creveson Hill
	between Stepeny + Belcamp
10. Date deceased last worked at this occupation (month and year)	X Road
BIRTHPLACE (city or town) Mashville, Sem	Other Contributory Causes of importance:
(State or country)	- Crushed Skull 9/20/3
13. NAME L. G. Perry.	1150/3
14. BIRTHPLACE (city or town) Manchester Jen	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy? _ ¥2-
15. MAIDEN NAME Mary Welliams	23. If death was dua to external causes (VIDLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Knoble ark.	Accident, suicide, or homicide? Detectant. Date of injury Sept 2019 32
(Stata or country)	Where did injury occur? Beleanap Starland la md.
INFORMANT Mary Paronn	Whare did injury occur? Beleane Specify city or tolyn, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Eddenvil, ma	Public Hiskipay
BURIAL, CREMATION, OR REMOVAL.	Manner of injury
Place Change Date 2 2 192	Nature of injury.
UNDERTAKER Howard / McComa (Address) ab 2 don 2 md	24. Was disease or injury In any way ralated to occupation of deceased? 726
Sental 30 Fied 1/2 P. do	(Signad) Fred Marloti Coroner M. D.
FILED Sept H, 1932 Stred Morlok Cocal Registrar.	(Address) Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of cpilepsy 1 week ago Arteriosclerosis Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastrocnteritis 1 year

z

ed of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	88-20 199.5
County Hugherd	Registration Dist. No. 182
Village or City Selvson	No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	s. How long in U. S. if of foreign birth? yrs. mos. mos.
2. FULL NAME Monemia Bet	le Sellers
(a) Residence: No. Benson, md.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)  Temale White Married	21. DATE OF DEATH  Sopt- 17  (Month)  (Month)
5a. If married, widowed, or divorced HUSBAND of	(49)
(Or) WIFE OF Maller D. Sollers	22. THEREBY CERTIFY. That I attended decassad fr
C DATE OF DIDTH (month days)	02p1-17-1932-to 02p1, 17", 197
6. DATE OF BIRTH (month, day, and yaar)   1	I last saw h. 22_ aliva on S. 2. 17", 19 32; death is s
79 1 day,hrs.	to have occurred on the date stated above, at / O P m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as fellows:
kind of work done, as SPINNER, Housewele SAWYER, BOOKKEEPER, atc.	Clothe Dray I Vemourage Sep
S. Industry or business in which	77
work was done, as SILK MILL, SAW MILL, BANK, etc	
Spantin fine and	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) b ppa Ma	acute Indegestion Sept
(State or country)	19:
13. NAME Isaac Standiford  14. BIRTHPLACE (city or town) Joppa Md	
14. BIRTHPLACE (city or town)	Neme of operation Date of
	What test confirmed diagnosis?
E Trecam	3. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town).  (State or country)	Accident, suicida, or homicida?
The Dist of De Done	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT AND S. COLONG. (Address)	Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL /	
Place Mountary Christingte Dep 120 1932	Manner of Injury
112 5 11 6 6 6	Natura of injury
19. UNDERTAKER (Addrass)	24. Was disease or Injury in any way related to occupation of dacaasad?
9 + 10 21 1100	If so, specify  (Signed)  (Signed)
20. FILED Sept. 19, 1992 V. G. Chambers Registrar.	(Signad) (Addrass) A B B B C
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street cor 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

County	Registration Dist. No.
Village or City Clecker	No. No Toosketal St., Ward
	If death occurred in a hospital or institution, we its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrs
2. FULL NAME no has	ul Simmons
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Slept. 037, 193 & (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
5.8/27/3.21	Dec 2 Brass
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days DilESS than	I last saw h. African 19 death is sale to have occurred on the date stated above, et. A. m. C. C. C. M. C.
0 0 0 0	The PRINCIPAL CAUSE OF DEATH and related causes of importance
& Trade profession or particular	were es follows:  Date of onset
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	Dull out
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and spent in this	
year) occupation	Dibay Contributory Comments of impartments
12. BIRTHPLACE (city or town) Rece abecder	Dther Coutributery Causes of importance:
(State or country)	
13. NAME COY SAMENUS.  14. BIRTHPLACE (city or town)	·
(State or country)	Neme of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT Cely Surrivors (Address) Pleudens Mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place My Date Date 19 35	- Nature of injury
19. UNDERTAKER	24. Was disease or injury in any wey related to occupation of deceased?
(Address) here tagle	If so, specify TDo All A
20, FILED Defet 78, 1937 Of All selevel	(Signed) M. I
Registrar.	(Address) Claredown Mil

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of cyclepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

SIAIL OF W	IARILAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH		5 168
County Harfrel		Registration Dist. No. 182
Village or City Hic Carrie C	own	No. St., Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occur	rredyrsmos	`^^`
2. FULL NAME Thomas (	larence W	ellanison
(a) Residence: No. MC Con	ual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR D	LE, MARRIED, WIDOWED,	21. DATE OF DEATH 29
5a. If married, widowed, or divorced HUSBAND of	0	(Month) (Day) (Year)
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
0. 1 = 0. 1000		Sipt 28 1932, 10 Sipt 29 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months D	ays If LESS than	llast saw harman alive on 1952, death is said
1 da	6 h 1 day, hrs.	to have occurred on the date stated above, at
8. Trade profession or particular	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		C. Dan Read
9. Industry or business in which		(Submitted Control
work was done, as SILK MILL, SAW MILL, BANK, etc.		(normal dobo)
O Date deceased last worked at this occupation (month and year)	Total time (years) spant In this	
year) occupation		Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)		
200		
4 14. BIRTHPLACE (city or town) (State or country)		Name of operation
15. MAIDEN NAME COOPER (1)000		What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)		23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homloide?
(State or country)		Where did injury occur?
17. INFORMANT Roman Williamson (Address) Shoot, Md		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Clarks Chapel Date Oct 1, 1932		Manner of injury
		Nature of injury
19. UNDERTAKER Roman Williamson (Father) (Address) Street Md.		24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 30, 1902 U. 6 Ch	ambers Registrar.	(Signed) Wellard & Auclson M.D.  (Address) Forest Acel mel
If more blanks are	needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

119978

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	Jays ago
OCT 5 1032			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year